Effectiveness of continuous prevention interventions for HIV testing uptake among high risk populations in Tbilisi, Georgia

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HIV in Europe, 2012
Copenhagen, Denmark

Overview

- Introduction - HIV in Georgia
- HIV prevention interventions and HIV prevalence among MSM and FSWs
- Purpose of the research
- Methodology used
- Results
- Conclusions

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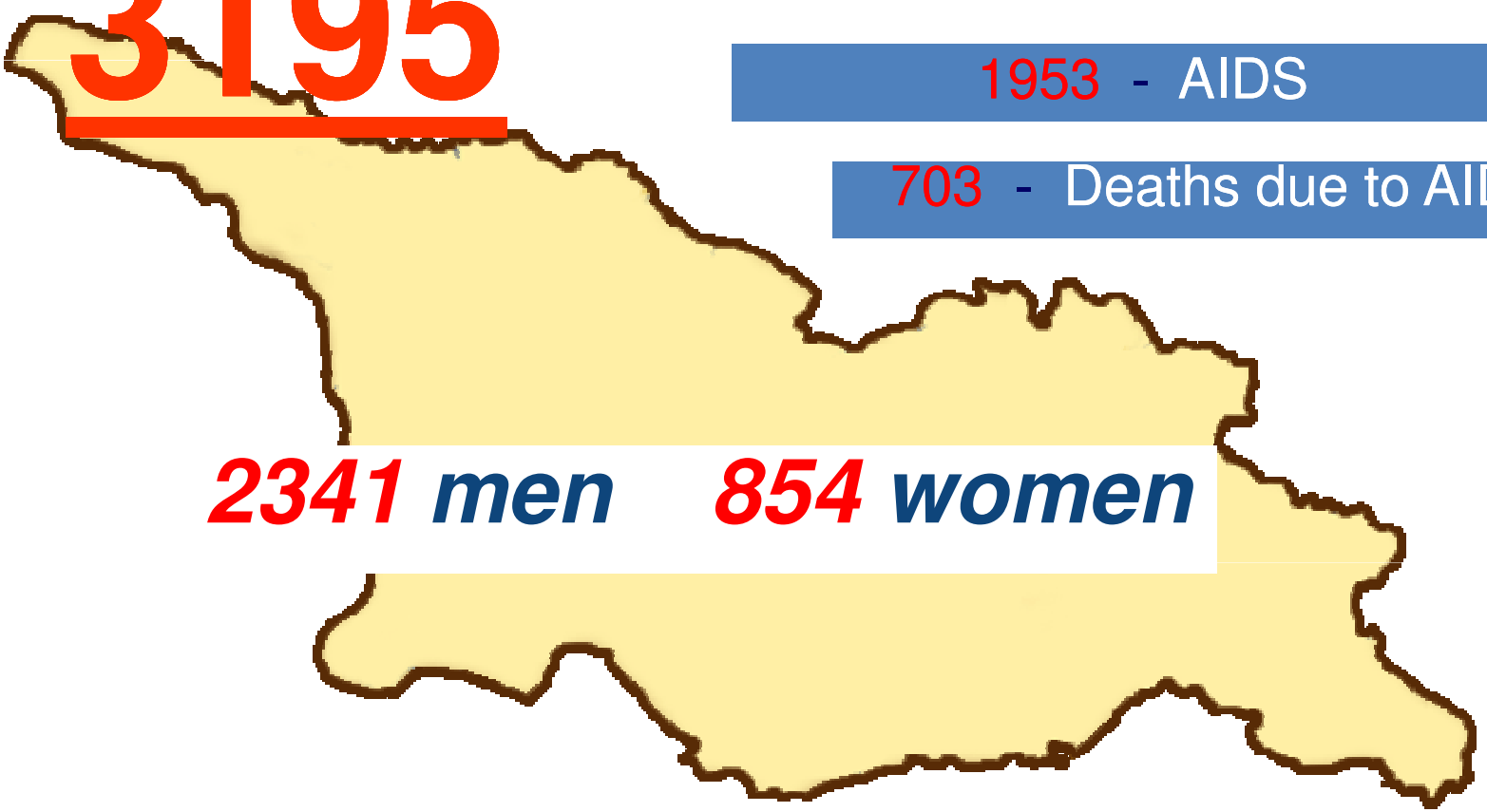
Registered HIV cases in Georgia

3195

1953 - AIDS

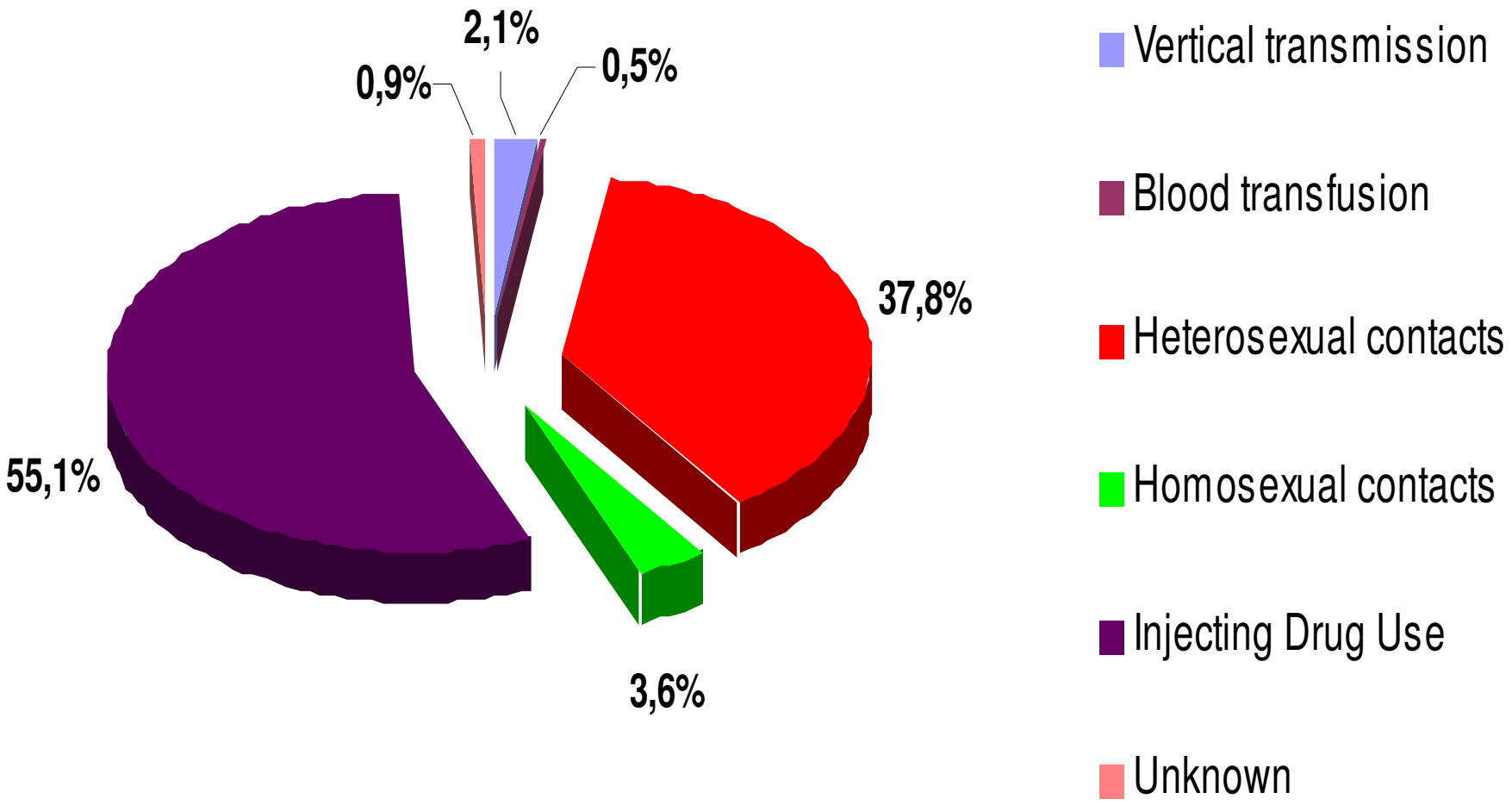
703 - Deaths due to AIDS



2341 men ***854 women***

Estimated number of PLHA ≈ 4500-6000

Distribution of HIV cases by ways of transmission



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HIV Prevention Interventions among MSM and FSWs

Continuous targeted interventions among:

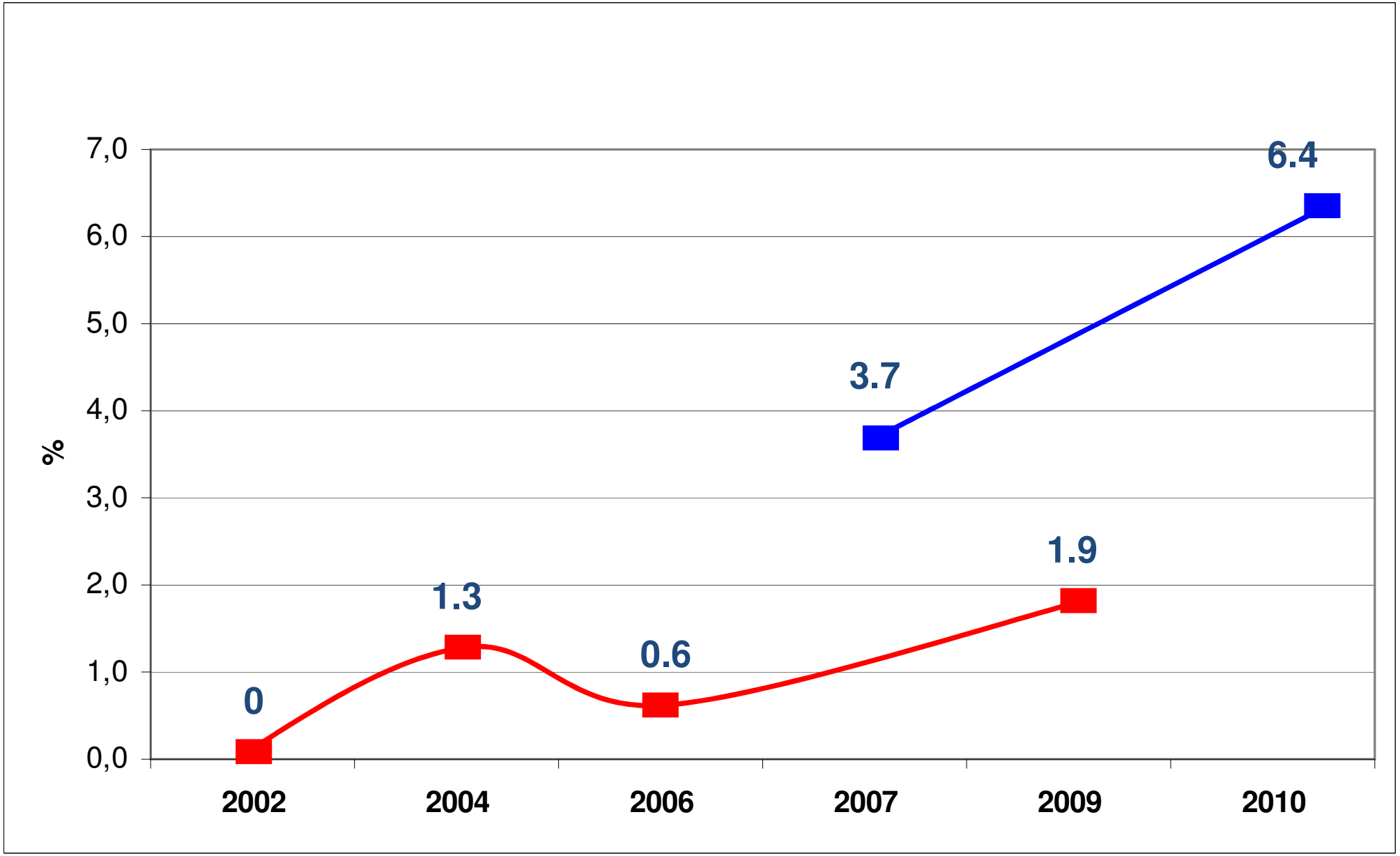
- FSWs - since 2001

- MSM - since 2004

Intervention package includes:

- **individual counseling,**
- **outreach,**
- **VCT,**
- **STI testing and treatment**
- **Peer Education and**
- **condom and materials provision**

HIV prevalence among MSM and FSWs



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Behavior Surveillance Surveys with Biomarker component among MSM and FSWs

Purpose: measure the prevalence of HIV/STIs, provide measurements of key HIV risk behaviours and generate evidence for advocacy and policy-making.

The presented research aimed at evaluating HIV testing and related data based on the two rounds of BioBehavioral Surveillance Surveys conducted among MSM (2007 and 2010) and FSWs (2006 and 2009) in Tbilisi, Georgia.

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Behavior Surveillance Surveys with Biomarker component among MSM

Sampling Method - Respondent Driven Sampling (RDS)

Sample size – 140 (2007) and 278 (2010)

Criteria of involving in the survey:

Tbilisi residents, 18 + of age, homosexual contacts during the last 12 months

Study instrument:

Standardized behavior questionnaire (face to face interviews)

Biomarker:

HIV, HBV, HCV, syphilis (2007)

HIV, HBV, HCV, HSV2, syphilis, Chlamydia (2010)

Data analysis:

SPSS 11.0 (2007), RDSAT 6.0 / SPSS 18.0 (2010)

Behavior Surveillance Survey with Biomarker component among FSWs

Sampling Method - Time-Location Sampling (TLS)

Sample size – 160 (2006 and 2009)

Criteria of involving in the survey:

Involved in commercial sex in Tbilisi, 18 + of age

Study instrument:

Standardized behavior questionnaire (face to face interviews)

Biomarker:

HIV, syphilis, gonorrhea, Chlamydia (2006)

HIV, syphilis, gonorrhea (2009)

Data analysis:

SPSS 11.0 (2006) and SPSS 13.0 (2009)

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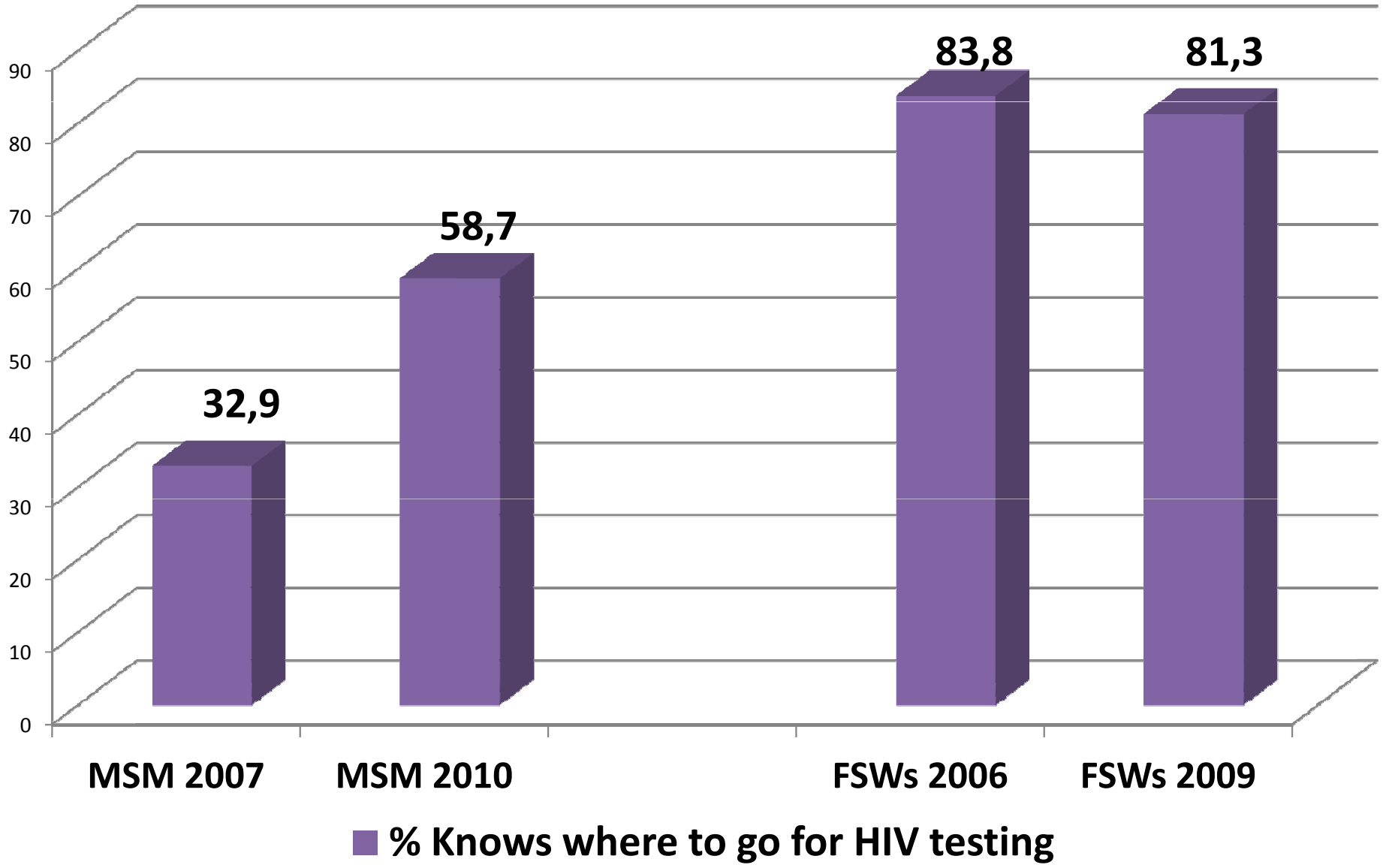
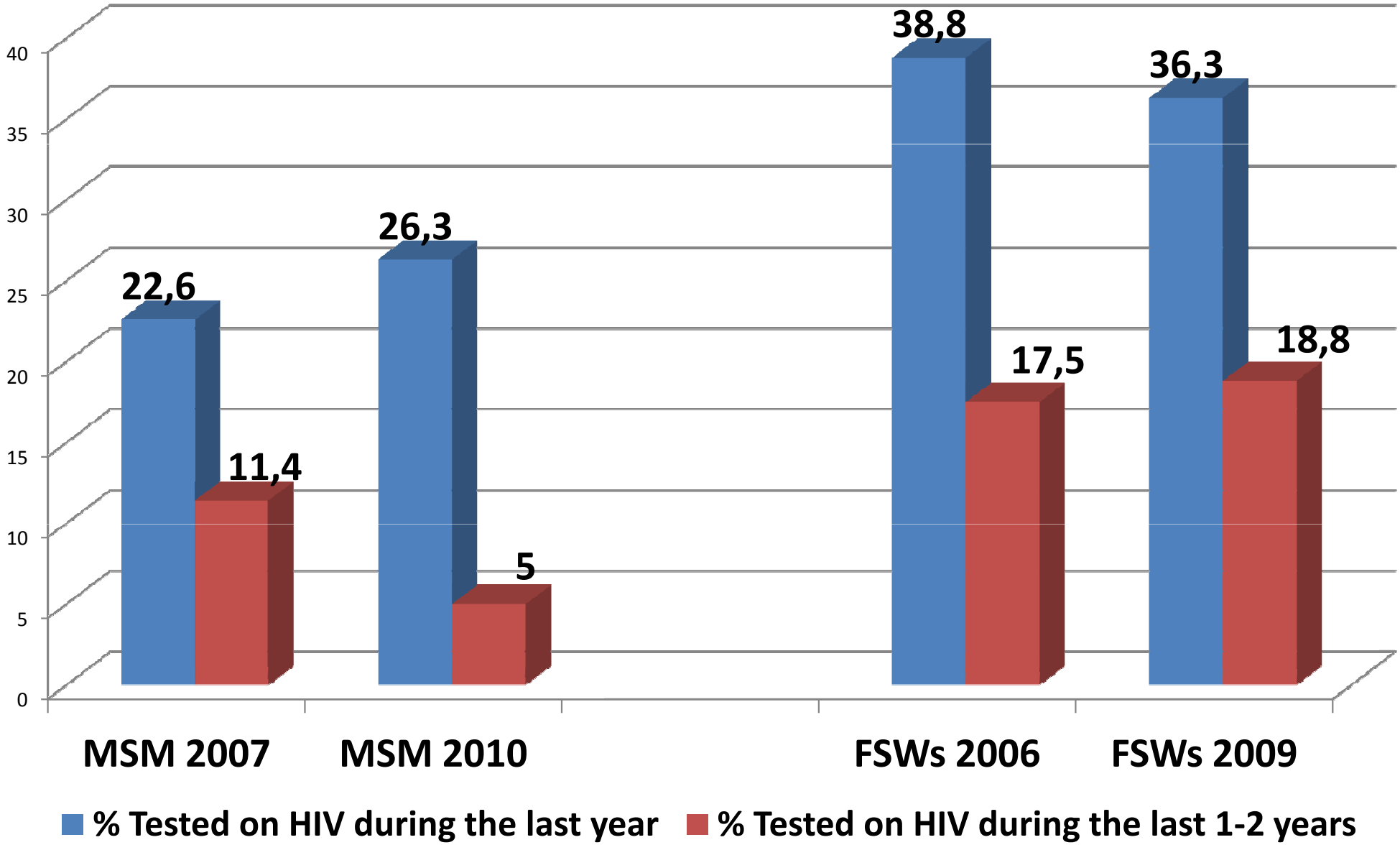
Increase in knowledge about availability of HIV testing



HIV testing uptake



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- **Continuous interventions increase the knowledge about availability of HIV testing services**

- **However, knowledge does not influence testing behavior**

What could hinder key populations from testing uptake?

- Environmental barriers (friendly services, stigma and discrimination) and
- Individual or personal barriers (internalized homophobia, personal risk assessment)

Likelihood of *being tested* on HIV among MSM:

Personal risk of HIV infection assessed as "None"

OR 0.3; 95% CI 0.1–0.7

Barriers to HIV testing and counseling uptake should be studied and analyzed further in order to influence effectiveness of programs aiming at increased testing among high risk populations.

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